## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/523 695
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

AIMS

| 6-29-05 CI |  |  |  |  |  |              |              |  |  |  |
|------------|--|--|--|--|--|--------------|--------------|--|--|--|
|            | AS F   | ILED   | AF   | rer  | AFTER  2 MAMENDMENT                              |              |              |  |  |  |
| -          |  |  | 1 AMENDMENT                                      |  | IND. DEP.  |              | ١            |  |  |  |
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| 12<br>13   |  |  | ·  | /  |  |              | ]            |  |  |  |
| 14         |  |  |  |  |  | <u> </u>     | 1            |  |  |  |
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| 29<br>30   |  |  | 1-'  | 17   |  | I            | 4            |  |  |  |
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| 34<br>35   |  | +  | -  | ++-  |  |              |              |  |  |  |
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| TOTAL IND  | 4  | _] ♣   |  | _  |  | <b>」</b> ,▼  |              |  |  |  |
| TOTAL DE   | 24   | <b>4</b>   |  | <b>#</b>   |  | 4            |              |  |  |  |
| TOTAL      | 28   |  |  |  |  |              |              |  |  |  |
| CLAIMS     | 1900   |  |  | - C.         |  |              |              |  |  |  |

PTO - L360 (REV. LL94)

| <u>s</u>        | AS F   | ILED   | AFTER        |  | AFTER        |  |
|-----------------|--|--|--------------|--|--------------|--|
|                 |  |  | 1" AMENDMENT |  |              |  |
|                 | IND.   | DEP.   | IND.         | DEP.   | IND.         | DEP.   |
| 51              |  |  |              |  |              |  |
| 52<br>53        |  |  |              |  |              |  |
| 54              |  |  |              |  |              |  |
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| 84_             | 1  |  |              |  |              |  |
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| 91<br>92        | <del> </del>                                     |  |              |  |              |  |
| 93              | +  | 1  |              |  |              |  |
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| 100<br>TOTAL IN | ID.  | -  | 4            | ] ₽  |              | ] 🖡  |
| TOTAL D         | EP.  | 4  | 21           | -  |              | ~  |
| TOTAL<br>CLAIM: |  |  | ARTMENT      | COMME  | icit         |  |

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